

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input checked="" type="checkbox"/> UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET		
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/EPD	10/4/68	<i>P</i>
2	C/ES		<i>MTA</i>
3	D/Security		
4			
5			
6	SA/EPD [REDACTED]		
<input type="checkbox"/>	ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
Remarks:			
<b>FOLD HERE TO RETURN TO SENDER</b>			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
[REDACTED] SA/EPD [REDACTED]			10-3-68
<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET

FORM NO. 1-67 237 Use previous editions

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